Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                               |                  |                  |          | SMALL ENTITY TYPE   |                        | OTHER THAN OR SMALL ENTITY |                     |                        |  |
|---|--|---|--------------|-------------------------------|------------------|------------------|----------|---------------------|------------------------|----------------------------|---------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | フ            |                               |                  |                  |          | RATE                | FEE                    | 1                          | RATE                | FEE                    |  |
| FOR   |  |   | NUMBER FILED |                               | NUMBER EXTRA     |                  |          | BASIC FEE           | 370.00                 | OR                         | BASIC FEE           | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | 7 minus 20=  |                               | *                |                  |          | X\$ 9=              |                        | OR                         | X\$18=              | 18.∞                   |  |
| INDEPENDENT CLAIMS  |  |   | 2 minus 3 =  |                               | *                |                  |          | X42=                |                        | OR                         | X84=                | 884.00                 |  |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT       |                               |                  |                  |          | +140=               |                        | OR                         |                     | . 4                    |  |
| * If the difference in column 1 is less than zero, enter "0" in colu                  |  |   |              |                               |                  | olumn 2          |          | TOTAL               |                        | OR                         | TOTAL               | \$1.80.00<br>\$790.00  |  |
| CLAIMS AS AMENDED - PART II   |  |   |              |                               |                  |                  |          | 101/12              |                        | 1011                       | OTHER               |                        |  |
| (Column 1)  |  |   | (Colum       |                               | nn 2) (Column 3) |                  |          | SMALL ENTITY        |                        | OR                         |                     |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVK<br>PAID  | BER<br>OUSLY     | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | * 7                                       | Minus        | **                            |                  | =                |          | X\$ 9=              |                        | OR                         | X\$18=              | d                      |  |
|   | Independent  | * 2                                       | Minus        | ***                           |                  | =                |          | X42=                |                        | OR                         | X84=                | Ć                      |  |
| لـــا   | FIRST PRESE  | NTATION OF MI                             | JUIPLE DEP   | ENDEN                         | CLAIM            |                  | 1        | +140=               |                        | OR                         | +280=               |                        |  |
|   |  |   |              |                               |                  |                  | Ł        | TOTAL               |                        |                            | TOTAL               |                        |  |
|   |  | (Column 1)                                |              | (Colui                        | mn 2)            | (Column 3)       |          | ADDIT. FEE          |                        | Uh                         | ADDIT. FEE          |                        |  |
| В   |  | CLAIMS                                    |              | HIGH                          | EST              |                  | 1 г      |                     | ADDI-                  |                            |                     | ADDI-                  |  |
| AMENDMENT E   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | NUM<br>PREVI<br>PAID          | OUSLY            | PRESENT<br>EXTRA |          | RATE                | TIONAL                 |                            | RATE                | TIONAL<br>FEE          |  |
|   | Total  | *   | Minus        | **                            |                  | =                |          | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|   | Independent  | *   | Minus        | ***                           |                  | =                | 1        | X42=                |                        | OR                         | X84=                |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                  |                  |          | 140                 | -                      |                            |                     | ·                      |  |
|   |  |   |              |                               |                  |                  | L        | +140=               |                        | OR                         | +280=               |                        |  |
|   |  |   |              |                               |                  |                  |          | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |  |
|   |  | (Column 1)<br>CLAIMS                      |              | (Colu                         |                  | (Column 3)       | 3 _      |                     |                        |                            |                     |                        |  |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY *   | PRESENT<br>EXTRA |          | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                            | •                | =                |          | X\$ 9=              |                        | OR                         | X\$18=              |                        |  |
|   | Independent  | *   | Minus        | ***                           |                  | =                | <b> </b> | X42=                |                        | OR                         | X84=                |                        |  |
|   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF  | ENDEN                         | CLAIM            |                  | J ├      |                     |                        |                            |                     |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |              |                               |                  |                  |          |                     |                        | OR                         | +280=               |                        |  |
| **  | "If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  OR ADDIT. FEE  TOTAL ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE |   |              |                               |                  |                  |          |                     |                        |                            |                     |                        |  |